### **Ohio Campaign Finance Report**

05 JUN 10 PM 12: 42

Prescribed by Secretary of State 02/01

									1000	110,	<u> </u>
Full Name of Committee							Registra	tion Num	ber, if PA	$\mathbf{c}_{i,j}$	1
Glaeden for Judge										SECTIONS	·
Full Name of Candidate				·							7
Carrie E. Glaeden											-
Street Address					Office Sought Fi	cankli	n Cou	nty	District		٦
100 South Third Stre	et				Municipa	l Cour	t, Un	expire	d Ter	m Ending 1	L/P4/1
City			,			S	ate	Zip Cod	е		7
Columbus						0	H	432	15		
		V			_					Annual Year	7
Type of Report 15.	Pre-Primary	^	Post-Primary		Pre-General		Post-Ge	neral			
place X to the left of report	July		August		September						
(PP-)	Monthly		Monthly		Monthly		Termina	tion			
Amended Report?	Report Elect	ronically	filed?				М		D	Y	7
☐ Yes ☑ No		Yes	☑ No	Date of I	lection (* 💮	0	5	0	3	$0 \mid 5$	
Type of Report ::	July Monthly		August Monthly filed?		September Monthly		Termina M	neral tion	D	Y	_

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

Amount breight forward from last report	\$ 2,521.50
2. Total inonetary contributions (From Form No. 31-A)	\$ 8,375.00
3. Total other income (From Form No. 31-A-2)	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 10,896.50
5. Total monetary expenditures (From Form No. 31-B)	\$ 2,430.00
6. Balance on hand time 4 minus line 3)	\$ 8,466.50
7. Value of the kind contributions received (From Form No. 31.1-1).	\$ 814.19
8. Value of in-kind contributions made (from Form No. 1.4.2)	\$ 0.00
9. Outstanding loads owed by equilibrate (From Figure N(2-31-8))	\$ 4,000.00
10. Outstanding debts owed by committee (From Form No. 31-N).	\$ 0.00
11 Cutstanding leans owed to committee (From Form No. 51-K) (** 55.5)	\$ 0.00
12. Value of independent expenditures made (Front Firm No. 31-71)	\$ 0.00
13. For Electronic Filing Entriles only  Sum of lines 2, 7 and amount of any new loans received this period	\$

		THE PENALTY OF ELECTION FALSIFICATION.	WHOEVER
	ATION IS GUILTY OF A FELONY OF T	HE FIFTH DECREE	1. lala
Kurtis A. Tunnell, Tr	reasurer		<u> 4/19/05</u>
Print Name and Title (Treasurer and De	puty Treasurer only) Signa	ture	Date
Contribution	Expenditure	Other	Total
pages 5	pages 1	pages 3	pages 9

3	1-	A		
R.	C.	351	7.	10

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#### **Statement of Contributions Received**

Prescribed by Secretary of State 2/01

N							
Name of Committee in Full							
Glaeden for Judge			la .				
Full Name of Contributor			Registi	ration Nu	mber, if P	AC	
Contributions from Form 31-E						_	
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M 0 4	D 1 4	Y 0   5	Amount 8,375.00	
Full Name of Contributor	1 1				mber, if P		
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registr	ation Nu	mber, if P	AC	
Street Address	Employer/Occu	pation/Labor Organization	<b>L</b>			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor	To a control of all the control			ation Nu	mber, if P.	ĀC	
Street Address	Employer/Occu	pation/Labor Organization	•			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registr	ation Nu	mber, if P	AC	
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registr	ation Nu	nber, if P.	AC	
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registr	ation Nu	nber, if P	AC	
Street Address	Employer/Occu				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registr	ation Nu	nber, if P	AC	
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
* D - : 1 C : 1							

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must

appear, R.C. 3517.10(B)(4)

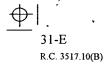
Page Total \$ 8,375.00

	_
Page _	3

### **Statement of Expenditures**

Prescribed by Secretary of State 2/01

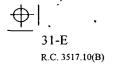
Name of Committee in Full									
Glaeden for Judge				1 1/	_		177	TA	
To Whom Paid				M	. 1	D OLO	Y	Amount	1 000 00
Franklin County Republican Party	Tn.			0	4	2 2	0   5	<u> </u>	1,000.00
Address 14 E. Gay Street		ntribu							
City	S	tate	Zip Code	Check					
Columbus	0	H	43215			<u> 1056</u>			
To Whom Paid				М	Т	D	Y	Amount	
American Strategies, LLC				0	5	0 3	0   5		1,430.00
Address	Purpose								
5980 Wilcox Place, Suite E			gn consulting, impl				func	lraisin	g
City	1 -	tate	Zip Code	Check					
Dublin	0	H	43016			1057			
To Whom Paid				М		D 	Y 	Amount	
Address	Purpose	;				•			
City	S	tate	Zip Code	Checl	k Nu	mber			
chy	"	1							
To Whom Paid				М	_	D	Y	Amount	
10 Wildin 1 did						Ĩ			
Address	Purpose	;			1_		<u> </u>	•	
City	1 - 6	tate	Zip Code	Check	k Mn	mher			i
City	1 "	i	izip code	Check		inoci			
To Whom Paid	1	1		М	T	D	Y	Amount	
Address	Purpose						L	I	
Addiess	Tupose								
City	s	tate	Zip Code	Check	k Nu	mber			
To Whom Paid		****		M	T	D	Y	Amount	
· · · · · · · · · · · · · · · · · · ·	T							L	
Address	Purpose	;							
City	S	tate	Zip Code	Checi	k Nu	mber			
To Whom Paid				M		D 	Y	Amount	
Address	Purpose	;					<u> </u>		
City	+	tate	Zip Code	Check	k Nu	mber			
Cny			Zip code			anoc:			
To Whom Paid			-	M		D	Y	Amount	:
Address	Purpose	;							
City	s	tate	Zip Code	Check	k Nu	ımber			
	1	1	l					الكامر	



Event Date	4/14/2005
Page	4

## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 02/01		
Name of Committee in Full				
Glaeden for Judge		: : i	- IC	
Full Name of Contributor			Registration Number, if PAC	
Michael W. Tanner				
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
325 Blandford Drive			0 4 2 0 0 5	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
Worthington	$O \mid H$	43085	Check	
Full Name of Contributor			Registration Number, if PAC	
Kristin L. Watt				
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
4445 Castleton Road, W			0 4 2 0 0 5	100.00
City	State	Zip Code	Form(Cash,Check,etc)	100.00
Columbus	O H	43220	Check	
Full Name of Contributor	0 11	10220	Registration Number, if PAC	
			Registration Number, it I'AC	1
James K. Hunter, III	Ir1/O		- N I B I V I	
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	100.00
529 S. Third Street		la: a t	0 4 2 0 0 5	100.00
City	State	Zip Code	Form(Cash,Check,etc)	4
Columbus	O   H	43215	Check	У
Full Name of Contributor			Registration Number, if PAC	
Charley Hess				
Street Address	Employer/Occupa	ntion/Labor Organization*	M D Y Amount	
7211 Sawmill Road, Suite 200			0 4 2 0 0 5	100.00
City	State	Zip Code	Form(Cash, Check, etc)	
Dublin	ОІН	43016	Check	
Full Name of Contributor	1 0 1	1 2000	Registration Number, if PAC	
Sanford J. Cohan *			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
2500 Corporate Exchange Drive	Attorney	=	0 4 2 0 0 5	275.00
City	State	Zip Code	Form(Cash,Check,etc)	273.00
Columbus	OH	43231	Check	
Full Name of Contributor	0 11	43231		
			Registration Number, if PAC	
Herbert for Judge				
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	
865 Macon Alley			0 4 2 0 0 5	275.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O H	43206	Check	
Full Name of Contributor			Registration Number, if PAC	
Steven Mathless *			1	
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	
800 E. Broad Street	Attorney	7	0 4 2 0 0 5	100.00
City	State	Zip Code	Form(Cash,Check,etc)	100.00
Columbus	ОН	43205	Check	
		10200	Creek	<del></del>
* Franklin County Court Appoin *Required for contributions from individuals over \$100 to statewide		andidatas If santributas is sa	161	
should be listed. If two or more employees contribute via payroll de	-		• • • • • • • • • • • • • • • • • • • •	
	unction and exceed the a	ggregate or \$100, the labor o	rganization of which the employees are	1 4
members, if any, must appear. [R.C. 3517.10(B)(4)]	+	<del>) </del>		1-4
TSU to de-translation and an extreme to the state of the		•		' 1
Fill in the boxes below only on the last page for this event.				
Transfer the Total contributions for this event to form No. 31-A. Un	der Full Name of Contrib	outor state "Contributions from	n torm No. 31-E" and list the date of the ever	nt
in the date column.				
m . 4 4			para	
Total contributions this event	Total expenditures this	event	1	
		1	Page Total \$	L.000.00
1	1	1	i	į.



Event Date	4/14/2005
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## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

	Treserioed by Beerea	-,			
Name of Committee in Full Glaeden for Judge					
Full Name of Contributor			Registration Number, if PAC		
Christopher T. Cicero *			,		
Street Address	Employer/Occupatio	n/Labor Organization*	M D Y Amount		
1308 W. Mound Street	Attorney		0 4 2 0 0 5	275.00	
City		p Code	Form(Cash,Check,etc)		
Columbus	O   H	43223	Check		
Full Name of Contributor			Registration Number, if PAC		ĺ
Sharon L. Reichard	[n				İ
Street Address	Employer/Occupatio	n/Labor Organization*	M D Y Amount	275 00	
1987 Haverton Drive	State Zi	p Code	0 4 2 0 0 5 Form(Cash, Check, etc)	275.00	
Reynoldsburg	OH	43068	Check		
Full Name of Contributor		43000	Registration Number, if PAC		
Michae J. Morrissey			registration (various, in 1710)		
Street Address	Employer/Occupation	n/Labor Organization*	M D Y Amount		
34 W. Whittier Street		J	0 4 2 0 0 5	275.00	
City	State Zi	p Code	Form(Cash,Check,etc)	270.00	4
Columbus	ОІН	43206	Check		$  \Phi$
Full Name of Contributor			Registration Number, if PAC	:	
Fraternal Order of Police of Ohio	, Inc. PAC		OH 196		
Street Address		n/Labor Organization*	M D Y Amount		
222 E. Town Street			0 4 2 0 0 5	275.00	
City	State Zi	p Code	Form(Cash,Check,etc)		
Columbus	O   H	43215	Check		ĺ
Full Name of Contributor			Registration Number, if PAC		ĺ
Wiles, Boyle, Burkholder & Bring			CP 1058		
Street Address	Employer/Occupation	n/Labor Organization*	M D Y Amount		
115 W. Main Street			0 4 2 0 0 5	550.00	
City	1 1	p Code	Form(Cash,Check,etc)		
Columbus	O H	43215	Check		
Full Name of Contributor			Registration Number, if PAC		
S.M.D./H.L.S. Bonding Co. LLC	In 1 10	# 1 0 : 1: *			
	Employer/Occupation	/Labor Organization*	M D Y Amount	EE0.00	
571 S. High Street	State Zi	p Code	0   4   2   0   0   5   Form(Cash, Check, etc)	550.00	
Columbus	O H	43215	Check		
Full Name of Contributor	0 11	40210	Registration Number, if PAC		
Carlile, Patchen & Murphy LLP			Augustical Humber, It is to		
Street Address	Employer/Occupation	/Labor Organization*	M D Y Amount		
366 E. Broad Street		Ū	0 4 2 0 0 5	500.00	
City	State Zi	Code	Form(Cash,Check,etc)	000.00	
Columbus	ОІН	43215	Check		
			<del>-,'</del>		
* Franklin County Court Appoi Required for contributions from individuals over \$100 to state	TILEE wide and general assembly cand	idates. If contributor is sel	f-employed, occupation rather than employer		
should be listed. If two or more employees contribute via payro	ll deduction and exceed the aggre	egate of \$100, the labor of	rganization of which the employees are		
nembers, if any, must appear. [R.C. 3517.10(B)(4)]	4	•		1	4
	Ψ			1	Ψ
fill in the boxes below only on the last page for this event.					
Transfer the Total contributions for this event to form No. 31-A	. Under Full Name of Contributo	r state "Contributions fron	n form No. 31-E" and list the date of the even	nt	
n the date column.					
Total contributions this event	Total expenditures this even	ent		<del></del>	
The second distriction of the second	Total experiences uns ev		Page Total \$	2700.00	
				<u> </u>	

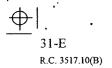


Event Date	4/14/2005
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# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full	Trescribed by Secretary of State 021	701
Glaeden for Judge		
Full Name of Contributor		Registration Number, if PAC
Carpenters Local Union No. 200 P		LA 787
Street Address	Employer/Occupation/Labor Organ	
1545 Alum Creek Drive		0 4 2 0 0 5 550.00
City	State Zip Code	Form(Cash, Check, etc)
Columbus	O H 432	209 Check
Full Name of Contributor		Registration Number, if PAC
Vorys, Sater, Seymour and Pease	LLP Advocates for Effecti	ve Gov't  OH 108
Street Address	Employer/Occupation/Labor Organ	1 1 1 1
52 E. Gay Street, P.O. Box 1008		0 4 2 0 0 5 500.00
City	State Zip Code	Form(Cash,Check,etc)
Columbus	O   H   432	215 Check
Full Name of Contributor		Registration Number, if PAC
Raymond J. Mularski		
Street Address	Employer/Occupation/Labor Organ	nization* M D Y Amount
107 W. Johnstown Road		0   4   2   0   0   5   100.00
City	State Zip Code	Form(Cash,Check,etc)
Gahanna	1	Check
Full Name of Contributor	10   11	Registration Number, if PAC
Bricker & Eckler LLP State Politica	Action Committee	OH 821
Street Address	Employer/Occupation/Labor Organ	
B control of the cont	Employer/Occupation/Labor Organ	0 4 1 4 0 5 500.00
100 S. Third Street	State   75- Calls	Form(Cash,Check,etc)
City	State Zip Code	
Columbus	O   H   432	
Full Name of Contributor		Registration Number, if PAC
David B. Belinky *		
Street Address	Employer/Occupation/Labor Organ	1 1 1
326 S. High Street, Suite 300	Attorney	0 4 1 9 0 5 100.00
City	State Zip Code	Form(Cash,Check,etc)
Columbus	O H 432	215 Check
Full Name of Contributor		Registration Number, if PAC
Koffel & Jump		
Street Address	Employer/Occupation/Labor Organ	
2130 Arlington Avenue		0 4 2 0 0 5 750.00
City	State Zip Code	Form(Cash,Check,etc)
Columbus	O   H   432	221 Check
Full Name of Contributor		Registration Number, if PAC
Samuel H. Shamansky Co., LPA		
Street Address	Employer/Occupation/Labor Organ	nization* M D Y Amount
511 S. High Street		0 4 2 0 0 5 1,000.00
City	State Zip Code	Form(Cash,Check,etc)
Columbus	1 1 -	215 Check
		210 CIRCEN
* Franklin County Court Appoi		the section of the se
* Required for contributions from individuals over \$100 to state		
should be listed. If two or more employees contribute via payroll	deduction and exceed the aggregate of \$100	o, the labor organization of which the employees are
members, if any, must appear. [R.C. 3517.10(B)(4)]	<del></del>	
	1	•
Fill in the boxes below only on the last page for this event.	TILLE PUBLISHED AND A THE PARTY OF THE PARTY	mitualization from Comm. No. 21 EB and Eastle deep Cale and
Transfer the Total contributions for this event to form No. 31-A.	Under Full Name of Contributor state "Contri	ributions from No. 31-E" and list the date of the event
in the date column.		
made and an area	Total amondinas di la seco	
Total contributions this event	Total expenditures this event	Daga Total \$ 0, 700,00
	1	Page Total \$ 3,500.00
i -		



Event Date	4/14/2005
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### Statement of Contributions Received

at a Social or Fundraising Event

Name of Committee in Full	Prescribed by Secretary of State 02/01		7
Glaeden for Judge			1
Full Name of Contributor		Registration Number, if PAC	1
Philip B. Kaufman			
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount	
341 S. Third Street, Suite 300		0 4 2 0 0 5 100.00	
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	O   H   43215	Check	
Full Name of Contributor		Registration Number, if PAC	
Downes, Hurst & Fishel			_
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount	
400 S. High Street, Suite 200		0 4 2 0 0 5 275.00	j
City	State Zip Code	Form(Cash, Check, etc)	
Columbus	O   H   43215	Check	
Full Name of Contributor		Registration Number, if PAC	1
Connor Behal LLP			1
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount	1
501 S. High Street		0 4 2 6 0 5 275.00	1
City	State Zip Code	Form(Cash,Check,etc)	$\Phi$
Columbus	O H 43215	Check	Ψ
Full Name of Contributor		Registration Number, if PAC	
David P. Rieser	In 1 10 11 11 11 11 11		4
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount	
844 S. Front Street	State Till Co. It	0 4 2 7 0 5 275.00	j
Colombas	State Zip Code 43206	Form(Cash,Check,etc)	
Columbus Full Name of Contributor	O   H   43206	Check	
		Registration Number, if PAC	
Committee for Judge Schneider Street Address	Employer/Occupation/Labor Organization*	M D Y Amount	-
	Employer/Occupation/Labor Organization		l
865 Macon Alley City	State Zip Code	0   4   2   7   0   5   250.00	4
Columbus	O H 43206	Check	
Full Name of Contributor	[ 0   11   43200	Registration Number, if PAC	
Tall Name of Controllor		Registration Number, it PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount	1
City	State Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount	1
City	State Zip Code	Form(Cash,Check,etc)	
* Required for contributions from individuals over \$100 to state	wide and general assembly candidates. If contributor is sel	If-employed, occupation rather than employer	
should be listed. If two or more employees contribute via payrol	-	• • •	
nembers, if any, must appear. [R.C. 3517.10(B)(4)]	<u> </u>		ĪФ
	$\Psi^-$		IΨ
Fill in the boxes below only on the last page for this event.			
Transfer the Total contributions for this event to form No. 31-A.	Under Full Name of Contributor state "Contributions from	n form No. 31-E" and list the date of the event	
n the date column.			
Sala and the single street of the salar	Treat and a Phone Alice		7
Total contributions this event	Total expenditures this event	Dog True 1 ft of a summer of	1
0.275.00	1	Page Total \$ 1.175.00	
8.375.00	1	1	1

#### **In-Kind Contributions Received**

Prescribed by Secretary of State 2/01

N		<del>,</del>								
Name of Committee in Full Glaeden for Judge										
	TE 1 0	· 11 0 · · ·	15		1 '0'	D. C.				
Full Name of Contributor Samuel H. Shamansky Co., LPA	Employer, Occu	pation, Labor Organization *	Registration Number, if PAC							
Street Address	Description of I	tem or Service	М	D	Y	Fair Market Value				
511 S. High Street		od/Beverages	0 4 1 4 0 5 814.1							
City	State	Zip Code	Received at Fundraising Event?							
Columbus	OH	43215	X YES NO							
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registr	ation Nun	nber, if	PAC				
Street Address	Description of It	tem or Service	M	D	Y	Fair Market Value				
City	State	Zip Code	Receive	Event? NO						
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registr	ation Nun	ber, if l	PAC				
Street Address	Description of It	tem or Service	M	D	Y	Fair Market Value				
City	State	Zip Code	Receive	ed at Fund YES	Iraising	Event?				
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	ation Nun	iber, if l	PAC				
Street Address	Description of It	em or Service	M	D	Y	Fair Market Value				
City	State	Zip Code	Received at Fundraising Event?  YES  NO							
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	ation Nun	ber, if I	PAC				
Street Address	Description of It	em or Service	M	D	Y	Fair Market Value				
City	State	Zip Code	Received at Fundraising Event?  YES  NO							
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	ation Nun	ber, if I	PAC				
Street Address	Description of It	em or Service	M	D	Y	Fair Market Value				
City	State	Received at Fundraising Event?  YES  NO								
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	ation Num	ber, if I	PAC				
Street Address	Description of It	em or Service	M	D	Y	Fair Market Value				
City	State	Received at Fundraising Event?  YES  NO								
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Registra	ntion Num	ber, if I	PAC				
Street Address	Description of It	em or Service	М	D	Y	Fair Market Value				
City	State	Zip Code	Receive	d at Fund YES	raising l	Event? NO				

Page Total \$	814.19

<sup>\*</sup> Required for contributions form individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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#### **Statement of Loans Received**

Prescribed by Secretary of State 2/01

Full Name of Committee						_		*****					
1													
Glaeden for Judge From Whom Received									Prior A	nount			Amt. Incurred this Period
Carrie E. Glaeden									1	,000	00		0.00
Address								<del></del> -	γŦ	,000	.00		Outstanding Balance
5142 Highland Meado	ws I	Orive											\$4,000.00
City	Stat	te Zip Code	T										
Hilliard	OI	н 43026		L Date	oans Re	ceiv	ed This Perio A	nd mount		his Period Amount			
	М	D Y	М	D	Y	1	\$		М	Date D	Y		\$
	1 0	0 2 8 0 3					1	0.00					0.00
Registration Number, if PAC		9 1 5 1 5 1 5	М	D	Y	1		0.00	М	D	1	1	0.00
·					.								
Employer/Occupation/Labor Organization			М	D	Y	1			М	D	Y	1	
												- 1	,
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If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

Total prior amount \$ 4,00	0.00	
<sup>2</sup> Total received this period \$	0.00	(To Form No. 31-A-2)
Total payments this period \$	0.00	(To Form No. 31-B)
<sup>4</sup> Total Outstanding Balance \$	4,000.00	(To Form No. 30-A)